



August 4, 2020

Web Announcement 2270

## Update Regarding Rates for Some Novel Coronavirus (COVID-19) Testing Codes and Claims that Have Suspended or Denied

Effective with claims processed on or after August 3, 2020, rates have been added in the Medicaid Management Information System (MMIS) for the following codes related to Novel Coronavirus (COVID-19) testing:

Procedure Code	Description
U0001	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel
U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-CDC
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R
86328	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) – Antibody testing using single step method
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) – Multi-step method

Claims for COVID-19 procedure codes that were temporarily suspended with error code 853 (HCPCS Annual Update Suspend Claims) have been released for adjudication and will be reflected on remittance advices dated August 14, 2020.

Claims for COVID-19 procedure codes U0001 through U0004, 86328, 86769, 87635 OR diagnosis codes U071, Z711 with dates of service on or after February 4, 2020, through August 4, 2020, that denied will be automatically reprocessed. A future remittance advice will provide the results of the reprocessed claims.

Please refer to the [COVID-19 General Billing Guide](#) and the [COVID-19 Community-Based Testing Billing Guide](#) for billing instructions, procedure codes and provider types that can bill COVID-19 procedure codes.

**Please note:** When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.